Please type a plus sign (+) inside this box ->	F	
--	---	--

DECLARATION FOR UTILITY OR

DESIGN

PATENT APPLICATION

(37 CFR 1.63)

☐ Declaration

Declaration

TEICHER

COMPLETE IF KNOWN

PTO/SB/01 (10-00)

Approved for use through 10/31/2002 OMB 0651-0032

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number

Attorney Docket Number

First Named Inventor

Application Number

Filing Date

Submitted OR		ted after Initial	Group Art Unit							
with Initial Filing	(37 CF require	surcharge R 1.16 (e)) d)	Examiner Name							
As a below named inventor, I hereby declare that:										
My residence, malling address, and citizenship are as stated below next to my name.										
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural										
names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled.										
Apparatus and method for translating Visual Text										
(Title of the Invention)										
the specification of which										
S attached hereto OR as United States Application Number or PCT International										
was filed on (MM/DD/YYYY)										
Application Number and was amended on (MM/DD/YYYY) (if applicable).										
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.										
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1 56, including for continuation- in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.										
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.										
Prior Foreign Application Number(s)		Country	Foreign Filing Date (MM/DD/YYYY)	P	riority Claimed		opy Attached? NO			
					0000	0000				
Additional foreign applic	ation number	are listed on a	supplemental priority	data sh	eet PTO/SB	/02B attached	hereto:			
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto: I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.										
Application Number(s) Filing Date (MM/DD/YYYY)										
60/175,319		Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.								

[Page 1 of 2]
Burden Hour Statement This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time, you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box \rightarrow To/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer I or Bar Cod				ORITO	Correspondence address below				
Name Mordechai Teicher									
Address c/o Creative Inputs Ltd.									
Address P.O. Box 991									
city Kfav Saba			State		zip 44109				
972-9-742-9990 Telephone Fax									
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.									
NAME OF SOLE OR FIRST INVENTOR : A petition has been filed for this unsigned inventor									
Given Name (first and middle [if any]) Mordechai Family Name or Surname Family Name or Surname									
Inventor's									
Residence: City Hod Ha Sharon State				Israel Country	Israel Citizenship				
Mailing Address									
Mailing Address									
y Hod HaSharon State ZIP 45314			Country Israel						
NAME OF SECOND INVENTOR:									
Given Name (first and middle [if any]) Family Name or Surname									
Inventor's Signature					Date				
		Stata		Country	Citizenship				
Residence. Only									
Mailing Address									
Mailing Address									
City State			ZIP		Country				
Additional inventors are being named on thesupplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.									